AMENDMENT C

								A	Application or Docket Number				
	PATENT A	PPLICATION Effective	N FEE DE ve Januar			ON RECOF	RD		39/	5	198	23	
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER		
			(Column 1) (Column 2)					TYPE			SMALL	ENTITY	
10	TAL CLAIMS						R/	ATE .	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE \$375		OR	BASIC FEE	\$750	
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *				X ²		OR	X84=			
MU	LTIPLE DEPENI	DENT CLAIM PR	RESENT					40=		1	+280=		
* If	the difference i	in column 1 is l	ess than ze	ro. enter	"0" in c	column 2	<u> </u>			OR			
				•			10	TAL		OR	TOTAL		
T.	CI	_AIMS AS AI (Column 1) *	MENDED - PART I (Column			(Column 3)	SM	SMALL ENTITY		OR	OTHER SMALL		
AMENDMENTAL		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	11111	Minus	** 2	8		X	9=	-	OR	X\$18=		
ME	Independent	* <i>lo</i>	Minus	***	0	=	X	12=		OR	X84=		
1	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	ENDEN	CLAIM				<u> </u>				
						•		40= 		OR	+280= TOTAL		
		•						OTAL I. FEE	L	OR	ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)				_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minuš	**		=	X	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	12=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM			40=		1	+280=		
								4U= OTAL		OR	TOTAL		
								r. FEE		OR	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	ı						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	ΛΤΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	2=		OB	X84=	<u> </u>	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+140=

+280=

Bast Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/509073

ı	•	CLA	IMS A	S FILED	- PA	RTI			CHARL	-				
(Column 1) (Column 2)							_	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE		EE.	7	RATE	FEE
BASIC FEE										 	5.00	OR		500 o
TC	TAL CLAIMS		25 minus 20=			5			X\$ 9=			1	X\$18=	
INDEPENDENT CLAIMS 3 minus 3 = *							1		┼		OR		12	
MULTIPLE DEPENDENT CLAIM PRESENT								1	X39=	-		OR	X78=	
* If the difference in column 1 is less than zero, enter "0" in column 2								J	+130=			OR	+260=	
			TOTAL			OR	TOTAL	912						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)														THAN
_			IMN 1) AIMS	mn 1) (Column 2) (MS HIGHEST T				1 -	SMALL	ENT	TY	OR	SMALL	ENTITY
AMENDMENT A		AF	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		DI- NAL E		RATE	ADDI- TIONA FEE
END	Total Independent	1.2	<u> </u>	Minus	** (<u> 25</u>	= /		X\$ 9=				X\$18=	
AM	FIRST PRESE	NTATIO	<u>ク</u> N OF MU	Minus JLTIPLE DE	PEND	ENT CLAIM]= /	X39=	X39=	17	<u>-</u>	OR	R X78=	
			+130=			OR	+260=	/						
								Α.	TOTAL DDIT. FEE	7		OR	TOTAL ADDIT. FEE	
			ımn 1)		(C	olumn 2)	(Column 3)	Α.	DDII. I LE			• ′	ADDII. FEE	
AMENDMENT B		REMA AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADI TION FE	VAL		RATE	ADDI- TIONAL
NDN	Total	.2	\mathcal{I}	Minus	** 2	25	0		X\$ 9=			OR	X\$18=	FE∉ /
\$	Independent	* _	5	Minus	***	3	1	╽┟	X39=			On		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				OR	X78=	-	
								L	+130= TOTAL			OR	+260=	
								AD				OR ,	TOTAL DDIT. FEE	
	ofilms of process		mn 1)			olumn 2)	(Column 3)							11
AMENDIMENT C		CLA REMA AFT AMENI	INING ER		N PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	T	RATE	ADE TION FEI	AL	ſ	RATE	ADDI- TIONAL
	Total	.25	3	Minus	**2	75	=8		X\$ 9=	<u> </u>		_	X\$18=	FEE
A M	Independent	5		Minus	***	3	2	┢			-	OR	9	54J0
	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	PENDE	NT CLAIM		<u> </u> _	X39=			OR	X78=	18800
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
***¦f	the "Highest Nun the "Highest Nun ne "Highest Numl	nber Prev nber Prev	iously Pai iously Pai	d For" IN THIS id For" IN THIS	S SPAC	CE is less that	n 20, enter "20."	AD found	TOTAL DIT. FEE in the app	ropriate	_	OR AL	TOTAL DDIT. FEET nn 1.) 2ZGO

FORM PTO-875 (Rev. 12/99)